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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Pimm ) Attorney Ref.: 39700-01
Application No.: 10/587,787 ) Customer No. 46591

Arising from PCT/GB2005/000300

Title: Baby Product

Supplemental Information Disclosure Transmittal Letter

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed is an Information Disclosure Statement (IDS) Form 1449 listing cited references. Applicant is filing this supplemental IDS prior to the mailing date of a first Office Action. According to 37 CFR 1.97 (b), no fee is due.

The Commissioner is authorized to charge any underpayment or credit any overpayment under 37 CFR 1.17 associated with this paper to Customer Deposit Account

Number 08-0719.

I hereby certify that this correspondence is being deposited with the United States ostal Service as first class mail in an envelope addressed to Director of the United States and the States of the United States Patent & Trademark Office, P.O. Box 1450, Patent & Trademark Office,

Patent & Trademark Markandria, VA 22313-1450 on Alexandria, VA 22313-1450 on Date

Respectfully submitted,

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				Docket Number (Optional) 39700-01		Application Number 10/587,787			
6	NFO	DRMATION DISCLOSUR	E CITATION	Applicant(s) Pimm					
ONFORMATION DISCLOSURE CITATION Mediceveral sheets (f necessary)  JUL 0 2 1007					Filing Date Group Art Unit				
					July 28, 2006		3761		
170	Com	Mr. Arthur	0.8	S. PATENT	DOCUMENTS				
XAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME		CLASS	SUBCLASS	FILING IF APPRI	OPRIATE
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XAMINER RE		DOCUMENT NUMBER	DATE		NAME		SUBCLASS	SUBCLASS FILING DATE	
						<u> </u>		IF APPRO	DPRIATE
			FORE	IGN PATE	NT DOCUMENTS				
	REF	DOCUMENT NUMBER DA		COUNTRY		CLASS	SUBCLASS Translation YES No		NO
J.S./		2 271 720	27.04.1994	UK					
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XAMINE	R	/Jacqueline Stephens/			DATE CONSIDERED	10/01	1/2008		
		tial if citation considered, whether nclude copy of this form with next			ce with MPEP Section 609; I	Oraw line thro	ough citation if not	in conform	ance and

Form PTO-A820 (also form PTO-1449) P09A/REV05

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